## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10748494

| CLAIMS AS FILED - PART I<br>(Column 1)  |   |  |               |   |              | mn 2)            |     | SMALL ENTITY TYPE |                        |          | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|---|---|--|---------------|---|--------------|------------------|-----|-------------------|------------------------|----------|-------------------------------|------------------------|--|
| TOTAL CLAIMS  |   |  | 3 is          |   |              |                  |     | RATE              | FEE                    | 1        | RATE                          | FEE                    |  |
| FOR   |   |  | NUMBER FILED  |   | NUMBER EXTRA |                  |     | BASIC FEE         | 385.00                 | OR       | BASIC FEE                     | 770.00                 |  |
| TC  | TAL CHARGE  | ABLE CLAIMS                                    | U.2 minus 20= |   | · 2 &        |                  |     | XS 9=             | 188                    | OR       | X\$18=                        |                        |  |
| INE   | EPENDENT C  | LAIMS  | \ minus 3 =   |   | •            |                  | /   | X43=              |                        | OR       | X86=                          |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |  |               |   |              |                  |     | +145=             | 145                    | OR       | +290=                         |                        |  |
| * If the difference in column 1 is less than zero, enter                              |   |  |               |   | "0" in c     | olumn 2          | 1   | TOTAL             | 728                    | OR       | TOTAL                         |                        |  |
| CLAIMS AS AMENDED - PART II   |   |  |               |   |              |                  |     |                   |                        | ,        | OTHER                         |                        |  |
| (Column 1)  |   |  | (Colum        |   |              |                  | ۹ و | SMALL             | ENIIIY                 | OR       | SMALL                         |                        |  |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |               | HIGHI<br>NUME<br>PREVIO<br>PAID F           | BER<br>JUSLY | PRESENT<br>EXTRA | R   | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *  | Minus         | e-k   |              | 2                |     | X\$ 9=            |                        | OR       | X\$18=                        |                        |  |
| AME   | Independent   | *  | Minus         |   |              | =                |     | X43=              |                        | OR       | X86=                          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=  |  |               |   |              |                  |     |                   |                        | OR       | +290≃                         |                        |  |
|   | ADD   |  |               |   |              |                  |     |                   |                        | OR       | TOTAL<br>ADDIT. FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)  |   |  |               |   |              |                  |     |                   |                        |          |                               |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |               | HIGHE<br>NUME<br>PREVIO<br>PAID F           | BER<br>JUSLY | PRESENT<br>EXTRA |     | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *  | Minus         | **  |              | 8                |     | X\$ 9=            |                        | OR       | X\$18=                        |                        |  |
|   | Independent   | *  | Minus         | ens<br>ENDENT                               | CI AIRA      | -                |     | X43=              |                        | OR       | X86=                          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=  |  |               |   |              |                  |     |                   | OR                     | +290=    |                               |                        |  |
|   | TOTAL OF  |  |               |   |              |                  |     |                   |                        |          | TOTAL<br>ADDIT, FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)  |   |  |               |   |              |                  |     |                   |                        |          |                               |                        |  |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |               | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |              | PRESENT<br>EXTRA |     | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *  | Minus         | **  |              | =                |     | X\$ 9=            |                        | OR       | X\$18=                        |                        |  |
|   | Independent   | *  | Minus         | ***   | <u> </u>     | =                |     | X43=              |                        | OR       | X86=                          |                        |  |
|   | FIRST PRESE   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |               |   |              |                  |     |                   |                        |          | +290=                         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |  |               |   |              |                  |     |                   |                        | OR<br>OR | TOTAL                         |                        |  |
| ***   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |  |               |   |              |                  |     |                   |                        |          |                               |                        |  |